FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91011 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70054193

DOCUMENT # P99000072159

1. Entity Name
BIENES RAICES CORP.

Principal Place of Business
1527 NW 80TH AVE.
MARGATE, FL 33063

Mailing Address
1527 NW 80TH AVE.
MARGATE, FL 33063

2. Principal Place of Business: 4911 ATAMAN STREET
Suite, Apt. #, etc.
City & State: BOCA RATON, FL
Zip: 33428-4013 Country: USA

3. Mailing Address: 4911 ATAMAN STREET
Suite, Apt. #, etc.
City & State: BOCA RATON, FL
Zip: 33428-4013 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0953601 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOFFREDA, CLAUDE G
1527 NW 80TH AVE.
MARGATE, FL 33063

7. Name and Address of New Registered Agent
Name: LOFFREDA, CLAUDE G.
Street Address (P.O. Box Number is Not Acceptable): 4911 ATAMAN STREET
City: BOCA RATON FL Zip Code: 33428-4013

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 04/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOFFREDA, CLAUDE G 1527 NW 80TH AVE. MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOFFREDA, CLAUDE G. 4911 ATAMAN STREET BOCA RATON, FL 33428-4013	☒ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 04/27/03 954-457-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #